

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039843
5579 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5579

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>		d. STREET ADDRESS (If outside, give location) <u>7 West Concord</u>	
Length of stay in 1b <u>65 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>P</u> Last <u>COX, SR.</u>			4. DATE OF DEATH Month <u>October</u> Day <u>14</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-2-1876</u>	9. AGE (last birthday) <u>87-85</u>	IF UNDER 1 YEAR Months <u>87</u> Days <u>85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Diamond Mining</u>		11. BIRTHPLACE (City and state or country) <u>Council Bluffs, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Paul Cox</u>			
13b. MOTHER'S MAIDEN NAME <u>Ann -</u>		14. NAME OF HUSBAND OR WIFE <u>Lily Cox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servk) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Mr. Thomas P. Cox, Jr.</u>	
				Address <u>7 West Concord</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>10 yrs</u>
DUE TO (b) <u>Arterio sclerosis</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour <u>7:29</u> a.m. <u>13</u> Month, Day, Year <u>10/14/63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>		COUNTY <u>Kansas</u>		STATE <u>Kansas</u>	

21. I attended the deceased from <u>7/29/63</u> to <u>10/14/63</u> and last saw him alive on <u>10/13/63</u>	
Death occurred at <u>7:29</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22. SIGNATURE <u>Joseph A. Fogarty</u>		22b. ADDRESS <u>403 Northman Bldg.</u>		22c. DATE SIGNED <u>10/15/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-17-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Kansas</u>		23e. LOCATION (State) <u>Kansas</u>			

24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u>		ADDRESS <u>20 W. Linwood</u>		25. DATE RECD. BY LOCAL REG. <u>10-15-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
5/27/64
August 2, 1876
August 2, 1878

INSTEAD OF
1876
87
1878
85

DOCUMENT Baptismal Record St. Mary's Church Maryville, Mo

BY AFFIDAVIT OF Informant Joseph A. Fogarty MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lloyd F. Dieckman

Licensed Embalmer No. 5120

P. O. Address K. C. H. Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.